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1. CORRESPONDENCE AND
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TITLE OF INVENTION

<p>3. Further correspondence to be mailed to the following:</p>	<p>4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.</p>	<p>1 <u>Browdy and Neimark</u></p> <p>2 _____</p> <p>3 _____</p>
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07/08/91	07323665	02-4035	110	142	1,050,000
12/06/91	07323665	02-4035	110	501	15,000

6a. The following fees are enclosed:
☐ Issue Fee ☐ Advanced Order - # of Copies _____

6b. The following fees should be charged to: _____ (Minimum of 10)
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 (Enclose Part C)
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to
 apply the Issue Fee to the application identified above.

(Signature of party in interest or record) John T. Hawely (Date) 12/5/91

NOTE: The Issue Fee will not be accepted from anyone other than the
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 in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on _____
(Date)

(Name of person making deposit)

(Signature)

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This form is provided in lieu of a formal transmittal and should be used for transmitting the Issue Fee: Sections 1A through 4 must be completed as appropriate.

INVENTOR(S) ADDRESS CHANGE SC/SERIAL NO.

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are on reverse side.

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below.

2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Issue Fee to the application identified below.

(Signature of party in interest of record)

(Date)

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07-323-665				9-6-91
First Named Applicant				

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
435-69.4					1050	12-6-91

1A. Further correspondence to be mailed to the following:

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

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D 110 1024033 11195 911205 142 1050.00
 2 110 1024033 11195 911205 501 1500

3. ASSIGNMENT DATA (print or type)

A. (1) ☐ This application is NOT assigned.
 (2) ☐ Assignment previously submitted to the Patent and Trademark Office.
 (3) ☐ Assignment submitted herewith.

B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE:

Genzyme Corporation

(2) ADDRESS (City & State or Country)

15 Kneeland Street

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:

Boston MA 02111

4.

The following fees are enclosed:

☐ Issue fee☐ Advanced order☐ Assignment recording

The following fees should be charged to deposit acc. no.

(PTOL-85c or additional copy of PTOL-85b must be enclosed)

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